



POLICY FOR EMS PERSONNEL

Concerning Do Not Resuscitate (DNR) Orders
for Patients located outside of a hospital
or a long term care nursing facility

PURPOSE To provide a process to honor a patient's refusal of emergency life support procedures by Emergency Medical Services (EMS) personnel in case of cardiac and/or respiratory arrest for designated patients who are located outside of a hospital or long term care nursing facility.

DEFINITIONS: DNR Order A physician's order for a patient indicating that no Basic or Advanced cardiac life support efforts (as herein defined)^{1/} will be initiated in the event of cardiac and/or respiratory arrest.

Valid Out-of-Hospital DNR Order Form (see attached) The attached form is valid if it is completed and signed by the patient/surrogate and the patient's attending physician. Legible photocopies are acceptable.

DNR Bracelet (Optional) A DNR bracelet is a Medical Society of New Jersey (MSNJ)-approved, official, distinctive, and easily recognizable medical bracelet worn on the wrist, or on the ankle signifying that the patient has an effective DNR order in place. Such a bracelet shall be accepted by EMS and other medical providers as conclusive evidence that the patient has a valid DNR order in effect and resuscitative treatment should be withheld.

Basic life support (BLS) BLS is the phase of emergency care that includes recognition of cardiac and/or respiratory arrest, access to the EMS system, and basic CPR. Basic CPR is the attempt to restore spontaneous circulation using

^{1/}Textbook of Advanced Cardiac Life Support. 1994. American Heart Association

the techniques of chest wall compressions and pulmonary ventilation.

Advanced cardiac life support (ALS) This term refers to attempts at restoration of spontaneous circulation using basic CPR PLUS advanced airway management, endotracheal intubation, mechanical ventilation, defibrillation and intravenous medications.

MICU Personnel Certified Paramedics or MICU Nurses trained in the provision of Advanced cardiac life support and affiliated with a state approved MICU program.

Other EMS Personnel First responders (police/fire/others trained in CPR; and Emergency medical technicians staffing ambulance services (paid or volunteer).

Resuscitative Efforts Those treatments rendered to a patient in cardiac and/or respiratory arrest (no pulse, no respirations) including CPR, endotracheal intubation, defibrillation, and the delivery of emergency cardiac drugs.

Surrogate Decision Maker The parent/guardian of a minor child; closest relative of an adult patient lacking decision making capacity; the legal proxy as contained in an advance directive; or the court appointed guardian of a judicially declared incompetent patient.

POLICY

A. Indication: The valid Out-of-Hospital DNR order shall be honored by MICU/EMS personnel if:

1. The valid Out-of-Hospital DNR order form is available to the EMS personnel or prominently displayed on a headboard, bedside stand, bedroom door or refrigerator, or the patient is wearing an appropriately recognized DNR bracelet.

2. EMS personnel shall honor a contemporaneous revocation of the DNR Order by the patient, surrogate, or physician.
 3. Except as provided in #2 above, there shall be no basis to override the valid DNR order.
- B. Relation to other care: EMS personnel should provide all appropriate treatment to the patient with a valid Out-of-Hospital DNR order, except CPR and resuscitative efforts.

PROCEDURES

- A. If the patient is in cardiac and/or respiratory arrest with a valid Out-of-Hospital DNR order, the EMS personnel should:
1. Assess the patient for the absence of breathing and/or heartbeat.
 2. If the EMS personnel are on scene without MICU, follow local protocol for obtaining pronouncement.
 3. For MICU personnel, contact Base Station physician to relay patient assessment and the existence of a valid Out-of-Hospital DNR order; pronounce patient, through Base Station physician, according to MICU pronouncement protocols.
- B. If the patient with a valid Out-of-Hospital DNR order is NOT in cardiopulmonary arrest, the EMS personnel should:
1. Assess the patient.
 2. Provide all appropriate treatment.
 3. Provide transportation to the hospital if appropriate.
 4. Honor the valid Out-of-Hospital DNR order if cardiac and/or respiratory arrest occurs during transport.
 5. Provide a copy of the valid Out-of-Hospital DNR order to the receiving hospital if available.

C. Reciprocity For Other DNR Orders:

1. New Jersey is not unique in developing a mechanism for the identification of DNR orders outside of medical facilities. Therefore, if a DNR identification from another state is presented to EMS in New Jersey with a request to honor it, and if there is no reason to believe that it is not valid, EMS personnel should honor the DNR in good faith.
2. The New Jersey protocol for Out-of-Hospital DNR does not replace other mechanisms within health care facilities (hospitals and nursing homes) to identify patients who have DNR orders. Therefore, if a DNR order is presented to EMS by the health care facility on a different form with a request to withhold CPR, and if there is no reason to believe that the form is not valid, EMS personnel should honor the DNR order in good faith.

DOCUMENTATION

- A. Document all appropriate patient information and clinical assessment on patient run form.
- B. Document valid Out-of-Hospital DNR order information (e.g. name of attending physician and date); attach a copy of valid Out-of-Hospital DNR order form to the patient run form.
- C. Follow local EMS protocol for pronouncement documentation.

QUALITY ASSURANCE

- A. All instances wherein patients present to MICU with Out-of-Hospital DNR orders must be retrospectively reviewed by the MICU Medical Director.
- B. Any deviations by MICU from Out-of-Hospital DNR order protocols must be reviewed and addressed promptly by the MICU Medical Director.

- C. It is recommended that all BLS services develop a quality assurance mechanism for the retrospective review of compliance with Out-of-Hospital DNR protocols.